



COHEN • MILES INSURANCE AGENCY INC.

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ACCIDENT INFORMATION

SECTION I.

DATE _____ TIME _____

LOCATION (street and city or town) _____

SECTION II. **OWNER OF THE OTHER VEHICLE**

NAME _____

ADDRESS _____

PHONE _____

SECTION III. **DRIVER OF THE OTHER VEHICLE**

NAME _____

ADDRESS _____

PHONE _____ DATE OF BIRTH _____

DRIVER'S LICENSE # AND STATE _____

SECTION IV. **OTHER VEHICLE**

YEAR _____ MAKE _____ MODEL _____

COLOR _____ PLATE # AND STATE _____

OF PASSENGERS, INCLUDING DRIVER _____

INSURANCE COMPANY (and Agent) _____

MISCELLANEOUS:

WITNESSES _____

POLICE OFFICERS _____

INJURIES _____

CITATIONS _____

BRIEF DESCRIPTION OF ACCIDENT:

